

\_\_\_\_\_  
Pest Company Name

\_\_\_\_\_  
Pest Control Company Phone Number

# PROTECTION OF COMPLETED WORK

NAC 555.427.1

\_\_\_\_\_  
Pest Company Name will be conducting the subterranean termite pre-treatments of homes under construction at your site or subdivision called \_\_\_\_\_, Located at \_\_\_\_\_ who's address is \_\_\_\_\_ and built by \_\_\_\_\_.

- ☐ Treatments to the soil inside the foundation and around the outside of the foundation will be performed to prevent infestation by subterranean termites, and to soil surface areas where slabs are to be poured, as prescribed by industry standards and according to pesticide label directions.
- ☐ Treatments to all exposed wooden members from the slab to a minimum height above the slab of \_\_\_\_\_ inches will be performed to prevent infestation by subterranean termites. \_\_\_\_\_ coats or applications to the wood will be made according to prescribed by industry standards and according to pesticide label directions.

Upon completion of each treatment phase a fluorescent green tag called the "Nevada Department of Agriculture Termite Pre-Treatment Tag" will be affixed to the: ☐ plumbing stub-out; ☐ foundation wall; ☐ inside electrical panel; or ☐ other: \_\_\_\_\_. If at any time the ☐ soil, or ☐ wood is disturbed, replaced or tampered with after the tag has been placed, please call \_\_\_\_\_, as the area must be retreated to ensure the effectiveness of the treatment. If \_\_\_\_\_ is not notified of changes which may affect the quality or effectiveness of the treatment \_\_\_\_\_ cannot be held accountable for areas where such changes have compromised the effectiveness of the treatment.

\_\_\_\_\_  
Builder's signature (not required)

\_\_\_\_\_  
Print name (not required)

\_\_\_\_\_  
Date (not required)

\_\_\_\_\_  
Primary Principal signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

Approximate start date: \_\_\_\_\_ and approximate completion date: \_\_\_\_\_.

Approximate number of sites on which preconstruction treatment will be performed: \_\_\_\_\_.

# Instructions for filling out the “Generic” PROTECTION OF COMPLETED WORK form as required by NAC 555.427.1

1. As of February 1, 2004, a Protection of Completed Work form copy must be submitted to the Nevada Department of Agriculture before performing ANY termite preconstruction treatment.
  2. Each form must contain at least the following information:
    - (a) The name and telephone number of the pest control company to perform the treatment.
    - (b) The name and address of the person or company for whom the treatment will be performed. \*Note: the builder’s signature or printed name is not required.
    - (c) The location or address of the site at which the preconstruction treatment will be performed. (i.e. subdivision site: Eagle’s Nest subdivision, 123, Sparks, NV. 89999)
    - (d) The expected start and completion date of the termite preconstruction treatment.
    - (e) The number of sites on which the preconstruction treatment will be performed.
    - (f) A description of the type of preconstruction treatment that will be performed (soil, wood).
    - (g) A description of the location where the preconstruction tags will be affixed.
    - (h) The date on which the form is completed.
    - (i) The printed name and signature of the Primary Principal for the pest control company.
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The State of Nevada does not require that a guarantee be afforded in the Protection of Completed Work clause for services rendered, nor does it require that additional re-treatments be performed free of charge. Additional services and compensation for such services are between the pest control company, builder, and/or other parties.

Send completed forms to:

Nevada Department of Agriculture  
Attn: Greg Hymas  
2300 McLeod St.  
Las Vegas, Nevada

or Fax 702-486-4695

or E-mail: [scottc@agri.state.nv.us](mailto:scottc@agri.state.nv.us)